

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4106-62-017096  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4106

FILED MAY 1 1962

VS 300  
Rev. 4/59

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DATE AMENDED  
INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN ST. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4366 Hunt Ave.				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR MUELLER			4. DATE OF DEATH Month Day Year APRIL 18, 1962			5. SEX MALE			6. COLOR OR RACE W		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 5/25/1895			9. AGE (last birthday) 68			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brewery driver		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brewery driver			10b. KIND OF BUSINESS OR INDUSTRY Brewery			11. BIRTHPLACE (City and state or country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John Mueller			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Ella Mueller			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		
16. INFORMANT Ella Mueller			17. ADDRESS 4366 Hunt Ave.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Hemorrhagic Pancreatitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 587.0 DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 3 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 4/15/62 to 4/18/62 and last saw her alive on 4/18/62		Death occurred at 12:10P m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Thomas A. Schneider, MD		22b. ADDRESS 1515 LAFAYETTE AVE		22c. DATE SIGNED 4/18/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-21-62		23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. REGISTRAR'S SIGNATURE Earl Smith, M.D.			
24. FUNERAL DIRECTOR Rowland-Aker Mortuary		ADDRESS 4104 Manchester		25. DATE RECD. BY LOCAL REG. APR 20 1962		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.					

SCHEIDER  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Philip H. Jensen

Licensed Embalmer No. 5130

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.